

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	1-31-01
FORMALITY REVIEW	H-S	866	02.16.001
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date
1	1-31-01
2	
3	
4	
5	✓
6	N
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8	N
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10	N
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50	N

Claim	Date
51	N
52	N
53	✓
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62	N
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64	N
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69	✓
70	N
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72	N
73	N
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100	N

Claim	Date
101	N
102	
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114	N
115	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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02/16/01